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APPLICANTS

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** CONTINUING DATA ***** MA

** FOREIGN APPLICATIONS ***** M

JAPAN 2000-261631 08/30/2000

IF REQUIRED, FOREIGN FILING LICENSE
 GRANTED ** 04/19/2001

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after	JAPAN	15	5	1
Verified and Acknowledged	Allowance Examiner's Signature	Initials			

ADDRESS	21171
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TITLE	Health care information system
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FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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